

Good afternoon, Mr. Chairman and members of the committee.

I am Cynthia Bracy, RHIA, CCS-P, Director of Advocacy (1st year) of ILHIMA, and I am Heather Shankland, MBA, RHIA, Director of Advocacy (2nd year) of ILHIMA.

We would like to thank you for the opportunity to testify before you and for your leadership on continued support for the implementation of ICD-10 on October 01, 2013.

The Illinois Health Information Management Association (ILHIMA) appreciates this opportunity to present and provide testimony regarding the cost and a danger to using the outdated ICD-9-CM coding system. Its continued use will increasingly have an adverse impact on the value of healthcare data, including the accuracy of decisions based on faulty or imprecise data. The more time passes without implementing the ICD-10 code sets, the more the quality of healthcare data will suffer.

ICD-9-CM is obsolete and no longer reflects current clinical knowledge, contemporary medical terminology, or the modern practice of medicine, and its limited structural design lacks the flexibility to accommodate advances in medicine and medical technology. There is no viable long-term solution for extending the life of ICD-9-CM.

The US healthcare system is allowing its data to deteriorate at the very time it is increasing its demands for high-quality data that can support healthcare initiatives to improve care delivery and reform payment. As long as ICD-9-CM is in use, US coded data will grow more imprecise with each year that passes.

ICD-10 implementation is needed to support interoperable EHRs and a National Health Information Network (NHIN). Adoption of national electronic health records (EHRs) and interoperable information networks require a modern classification system like ICD-10 for summarizing and reporting data. The anticipated benefits of EHR systems cannot be fully achieved by using the 30-year old ICD-9-CM classification system. ICD-10 must be incorporated into EHR systems with SNOMED-CT to achieve information interoperability and the benefits of a NHIN.

Together, ICD-10 and SNOMED-CT represent a common medical language that will allow data to be shared between EHR systems finally; delaying ICD-10 implementation will only increase the costs of the conversion. Costs associated with both the implementation of the code set and the negative impact of continued deterioration of healthcare data on the efficiency and effectiveness of the US healthcare system would continue to escalate.

Since the final rule was published in 2009, the healthcare industry and government agencies have made tremendous investments in the ICD-10-CM/PCS transition. Transitioning to ICD-10-CM and ICD-10-PCS now will provide a mechanism for tightening the linkage between classifications and their applications in electronic health records, with broad implications for improving patient quality, safety, public health surveillance, and the adoption of clinical best practices.

Mr. Chairman and members of the committee we thank you for your attention to this important matter.